

**CHILD/ADOLESCENT
SUBSTANCE USE ASSESSMENT**

Clinician to verbally administer to child when drug use is reported by child, parent or other.

SUBSTANCE	AGE AT FIRST USE	NEVER	PAST USE 1 YR AGO OR MORE	# OF TIMES IN PAST YR.	# OF TIMES IN PAST MO.	# OF TIMES IN PAST WK.	DAILY	AMOUNT USED PER OCCASION
Caffeine, coffee								
Nicotine, cigarettes, chewing tobacco								
Alcohol, beer, wine								
Marijuana								
Cocaine or crack								
Inhalants (glue, paint, etc.)								
Amphetamines (crack, crystal, meth, ice, etc.)								
Ecstasy, MDMA, GHB, others								
Hallucinogens (LSD, mushrooms, peyote, etc)								
Tranquilizers (Xanax, Valium, Ativan, etc.)								
PCP								
Over the counter medicatiions								
Opiates (i.e., heroin/pain meds)								
Prescription								
Other								
Context of Use When With whom How obtained Perceived Benefits of Use Negative Consequences of Use School/work Legal Family/peer relationships Attempts To Control Use Personal Limits Treatment (specify) Response to Treatment								
Describe interaction of substance use with mental health DSM diagnostic condition.								
Was mental health DSM condition present prior to regular drug/alcohol use? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown								
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